

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90495 047 \*\*\*150.00

**DOCUMENT # P01000111637**

1. Entity Name  
**ZINIX CORP.**

Principal Place of Business Mailing Address  
**9963 THREE LAKES CIRCLE 9963 THREE LAKES CIRCLE**  
**BOCA RATON FL 33428 BOCA RATON FL 33428**

2. Principal Place of Business 3. Mailing Address  
**9983 THREE LAKES CIRCLE 9983 THREE LAKES CIRCLE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For  
**BOCA RATON FL 65-1152389** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**33428 PALM BEACH**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**REZENDE, MARCOS** Name  
**829 S E 9TH STREET - PALM PLAZA** Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 201**  
**DEERFIELD BEACH FL 33441** City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONSECA, JOAO DANIEL		NAME		
STREET ADDRESS	9963 THREE LAKES CIRCLE		STREET ADDRESS	9983 THREE LAKES CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Joao Daniel Fonseca* **03/25/02** **(954) 427-4770**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)